



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

INDIA

The first case of AIDS in India was detected in 1986. HIV/AIDS quickly emerged as one of the most serious public health problems in the country with infections currently being reported in all states and territories. India has the largest number of people living with HIV/AIDS in Asia. Globally, it is second only to South Africa in terms of the overall number of people living with the disease.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	3,970,000
Total Population (2001)	1,025,096,000
Adult HIV Prevalence (end 2001)	0.8%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	4.8%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.1%

Sources: UNAIDS, U.S. Census Bureau

UNAIDS estimated by the end of 2001, 3.97 million Indians were HIV positive. However, due to the country's large population, the high number of infections translates into a relatively low adult prevalence of 0.8 percent. One percent increase in prevalence could add 5 million new infections. As of December 2002, 42,947 AIDS cases had been reported to India's National AIDS Control Organization. Health officials concede this number represents only a fraction of total AIDS morbidity in India. Some experts believe the number of individuals infected with HIV/AIDS in India is actually much higher.

Prevalence varies across the country, with the highest levels of infection reported in Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur, and Nagaland. Sentinel surveillance studies conducted in 1999 found HIV seroprevalence greater than 1 percent in six out of the 32 Indian states and territories.

Although HIV/AIDS is largely concentrated in at-risk populations, including commercial sex workers, injecting drug users, and truck drivers, surveillance data indicate the epidemic is moving beyond these groups in some regions and into the general population. It is also moving from urban to rural districts.

As prevalence increases among women and young people, corresponding increases in mother-to-child transmission of HIV and cases of pediatric HIV/AIDS have been reported. According to Ministry of Health estimates, HIV prevalence among pregnant women varies throughout the country, ranging from 0 percent to 2.6 percent. According to the National Intelligence Council, 30 percent to 60 percent of commercial sex workers and up to 15 percent of all truck drivers are living with HIV/AIDS.

NATIONAL RESPONSE

When the first reported cases of HIV/AIDS were detected in 1986, the Government of India initiated steps to target populations at risk of infection with HIV screening and prevention efforts. In 1992, the government established the National AIDS



Map of India: PCL Map Collection, University of Texas

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Control Organization to combat more effectively the escalating epidemic. The National AIDS Control Organization provides national leadership and facilitates the development of state and district AIDS societies to direct activities at the state and local level.

India's National AIDS Control Policy adheres to the following strategy in its effort to prevent and control HIV/AIDS throughout the country:

(1) Prevent the further spread of the disease by:

- Improving HIV/AIDS awareness and providing people with the necessary tools to protect themselves;
- Controlling sexually transmitted infections and promoting condom use; and
- Ensuring the availability of safe blood and blood products.

(2) Create a socioeconomic environment that enables individuals to protect themselves from infection and allows families and communities to provide care and support to people living with HIV/AIDS.

(3) Improve services—both in hospitals and through community-based home care—that provide care for people living with HIV/AIDS.

The National AIDS Control Organization, with financial assistance from the World Bank, is currently implementing the second phase of its National AIDS Control Program. The objectives of this phase are to:

- Reduce the spread of HIV infection in at-risk populations;
- Reduce the spread of HIV in the general population;
- Strengthen the impact and sustainability of national, state, and local HIV/AIDS programs;
- Build capacity to provide low-cost, community-based care; and
- Promote intersectoral links to combat HIV/AIDS.

USAID SUPPORT

USAID is one of the largest donors to HIV/AIDS prevention and control programs in the country, allocating \$12.2 in 2002, an increase from \$9 million in 2001. USAID/India's primary objective is to focus on HIV prevention and containment of the epidemic. Prevention activities target at-risk populations, such as commercial sex workers and truck drivers, who are likely core transmitters of HIV in India. However, USAID/India is also working to build awareness in low-risk rural populations and will endeavor to promote prevention activities through health services outreach projects. USAID bilateral assistance is focused in Tamil Nadu and Maharashtra, states with adult prevalence greater than 1 percent. USAID has developed a partnership approach with the Government of India, nongovernmental organizations, businesses, and others to fight HIV. Emphasis is placed on community-based and work-based approaches to controlling the epidemic.

USAID began to tackle India's HIV/AIDS epidemic in 1992 with the development of the AIDS Prevention and Control (APAC) project in the southern Indian state of Tamil Nadu, one of India's recognized epicenters. In 1999, USAID expanded its program to include the state of Maharashtra, where antenatal HIV prevalence is approaching 2 percent. The seven-year, \$41.5 million AVERT activity funds comprehensive prevention and care programs throughout the state of Maharashtra. The major activities under both projects include financial and technical assistance to nongovernmental organizations to undertake targeted interventions on HIV/AIDS, capacity building of health care providers, and behavior change communication, including mass media, condom promotion, sexually transmitted infection prevention, and advocacy.

In 2002, USAID increased the number of grants to nongovernmental organizations, and began addressing new issues such as care and support for HIV-infected persons, voluntary counseling and testing, interventions with industrial workers, and geographic expansion of the APAC project to include Pondicherry, an adjacent and culturally similar area to the present activity area in Tamil Nadu.

Other USAID-funded HIV/AIDS activities include supporting the National Ports project, Project Lighthouse. Implemented by Population Services International in the 12 major ports of India, this project addresses vulnerable populations associated with ports, which include casual workers, migrants, formal port employees, truckers, and commercial sex

workers. The project strategies include behavior change communication, condom promotion, and sexually transmitted infection treatment.

USAID also supports Family Health International through the IMPACT project. Family Health International supports nongovernmental organizations to provide support to children infected and affected by HIV/AIDS and other vulnerable children, pilot activities on care and support, applied research and developing models for HIV/AIDS programming.

Additional USAID-supported activities include the following:

Capacity building

The Mission supports the National AIDS Control Organization by providing financial and technical assistance to national programs. USAID also provides grants to medical colleges and institutions to improve HIV/AIDS and sexually transmitted infection training for health care providers.

Prevention

The 10-year, \$10 million AIDS Prevention and Control project in Tamil Nadu supports nongovernmental organization efforts to design and implement community-based prevention programs that target at-risk populations, such as sex workers and their clients, patients with sexually transmitted infections, slum dwellers, and truckers and their helpers. The project emphasizes preventive behavior through peer education, the promotion of condoms, and improved treatment of sexually transmitted infections.

The AVERT project in Maharashtra state supports prevention efforts in urban and periurban areas and works to increase the role of nongovernmental organizations in HIV prevention.

Care and support

Through both the bilateral and field support programs, USAID is exploring innovative models for care and support, including home and community-based care.

Children affected by AIDS

USAID supports comprehensive projects addressing the special needs of children both infected and affected by HIV/AIDS throughout the country.

Condoms

To expand and improve condom distribution, USAID-supported projects provide financial support and technical assistance to the commercial sector. The program assists the Drug Controller of India in strengthening quality control and monitoring activities, and is working with manufacturers to improve condom packaging. The program also supports the private and commercial sectors in creating new diagnostic products and improving the quality and marketing of existing products.

Research and surveillance

USAID funds annual HIV risk-behavioral surveillance surveys that track key behavior changes, such as condom use, treatment-seeking of sexually transmitted infections, and decreases in sexual contacts with nonregular partners. In Tamil Nadu, behavioral surveillance surveys and available seroprevalence data suggest a promising trend in that state: an increase in HIV prevention behavior and a decrease in HIV prevalence levels.

Additional clinical research activities are being planned through IndiaCLEN.

For More Information

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http://www.usaid.gov/pop_health/aids/countries/ane/india.html

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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